

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Yes on 21, Californians for State Parks and Wildlife Conservation, sponsored by conservation and state parks organizations			Date of This Filing <u>10/06/2010</u>	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-2952	I.D. NUMBER (if applicable) 1322009	Report No. <u>3658</u>			
STREET ADDRESS 					
CITY Sacramento			STATE CA	ZIP CODE 95814	<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>
			No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/05/2010	California State Parks Foundation San Francisco, CA 94133	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00
10/05/2010	California State Parks Foundation San Francisco, CA 94133	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,627.88
10/05/2010	Peninsula Open Space Trust Palo Alto, CA 94301	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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NAME OF FILER Yes on 21, Californians for State Parks and Wildlife Conservation, sponsored by conservation and state parks organizations			Date of This Filing 10/06/2010 Report No. 3658 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2	Date Stamp Page 2 of 2	CALIFORNIA FORM 497 For Official Use Only
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STREET ADDRESS					
CITY Sacramento			STATE CA	ZIP CODE 95814	

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: